

undoubted value to know the bacteriology. If due to streptococci, the condition is more serious than if due to staphylococci, and if the intruding germ be the streptococcus haemolyticus, rapidity of action and probability of extension must be taken into account. And if the infecting organism be the streptococcus mucosus capsulatus, one looks for extensive destruction of both soft and bony tissue, even in the absence of pain.

The progressive specialist, in his surgical cases, gives careful attention to the matter of anaesthesia. He considers the welfare of the patient and is not a slave to routine. In his intranasal and sinus surgery, whenever possible, he uses local anaesthesia.

The specialist of the first class avoids unnecessary surgery through conservative medical treatment; where surgery is necessary, through thorough examination and pre-operative care, he lowers the surgical risk. He provides wherever feasible a field free from pus and inflammation. Subsequent to the operation he administers the indicated post-operative care until the wound is healed. In this way he observes the final outcome of his work, renders a valuable service to his patient, and adds to his own satisfaction. The specialist who is moving in the right direction, has the welfare of his patient, his society, and his fellow physician sincerely at heart.

You share in the responsibility of failure on the part of your medical society, your hospital, or your fellow in medicine to comply with the highest requirements. Such a failure calls for calm and constructive criticism. Boost, don't knock. You cannot despise, envy or hate another without giving him some of your time. Be leaders, not followers. A man is not made by what others think of him, but by what he thinks himself. Merit a good opinion of yourself.

He who has climbed can lift, and you have reached an enviable height among eye, ear, nose and throat specialists. Others are influenced by what you do. You have accepted the exalted position of leadership. Let your relations with patients be free from mystery, and with referring physicians, free from secrecy. Your patient has the inalienable right to human interest and scientific service.

Remember with Lord Essex: "Genius is entitled to respect only when it promotes the peace and improves the happiness of mankind."

Resolution Approving Women's Auxiliary—"The Women's Auxiliary of the State Medical Association of Texas respectfully requests the approval of the American Medical Association of a movement to organize a Women's Auxiliary to the American Medical Association. The object of this auxiliary shall be: To extend the aims of the medical profession through the wives of the doctors to the various women's organizations, which look to the advancement in health and education; also to assist in entertainment at all Medical Conventions, and to promote acquaintanceship among doctors' families that closer professional fellowship may exist."—Abstract from Minutes of the Seventy-Third Annual Session of the A. M. A.

CHAIRMAN'S ADDRESS, SURGICAL SECTION *

By CHAS. D. LOCKWOOD, A. B., M. D., F. A. C. S.

Members of the Surgical Section:—

I am deeply appreciative of the honor you conferred upon me one year ago in electing me chairman of this section. Although this is but the third year that we have met as an independent section, there is already apparent a spirit of loyalty and co-operation which augurs well for the future growth and scientific character of our meetings.

The field of the general surgeon is being ever more and more narrowed by the growth of specialism. Surgeons of the generation that is now passing have regarded as their domain the entire field of surgery, with the possible exception of eye, ear, nose and throat work. The surgical specialists have gradually emerged as our knowledge of technique and diagnosis broadened. The older specialists were the natural outgrowth of their environment and practice. Well grounded in the principles of surgery, they readily acquired the technique of new operations and kept abreast of all new developments in surgery. Chance, special adaptation or the exigencies of practice were the deciding factors in the selection of a specialty more often than deliberate choice.

This older type of specialism was founded upon a broader surgical experience and a deeper knowledge of human nature, but it lacked in the diagnostic skill and refinement of technique which characterize the specialists of today. The newer generation of specialists have, for the most part, deliberately chosen their field of work and have acquired great skill in the use of the newer instruments of precision and familiarity with the laboratory and other methods of diagnosis. Too often this special skill has been acquired at the sacrifice of a broader and more fundamental knowledge based upon practical experience.

It is no longer possible for any one individual to cover the whole field of medicine and surgery and it is inevitable that specialism will flourish ever more and more. There is, however, grave danger that this tendency toward specialism will lead to professional suicide. Regular schools of medicine have become so highly specialized and exclusive that they no longer qualify men for general practice. The vast majority of recent graduates are ambitious to become specialists and few of them are willing to travel the more difficult path of the general practitioner. Our line of communication or contact with the average sick person is being broken and the place of the old-fashioned family physician is being usurped to a certain extent by the chiropractors, the osteopaths and other cultists.

Many people cannot afford to pay specialists' fees and they are unwilling to do so when they have only what they believe to be simple ailments. There should be some way provided whereby the best in medicine and surgery will be avail-

* Read before the Fifty-first Annual Meeting of the Medical Society of the State of California, Yosemite Valley, May, 1922.

able for the average citizen. This need is being met in a fairly satisfactory way for the poor man by free clinics and dispensaries, but it is more difficult for the self-respecting person of moderate means to secure the best that scientific medicine has to offer. This large class patronizes extensively the faddist and the pseudo-doctor of the day. It is to this class that we must look for support in our efforts to promote public health. They must have more of the benefits of scientific medicine than they can afford to pay for at current fees of hospitals, laboratories and specialists. There are two or three possible solutions of this problem.

The organization by physicians of health centers, accessible to citizens, country districts and smaller towns. These centers must be under the control of the medical profession, either through their county societies or by other means of co-operation between medical men. They should be manned by a corps of physicians representing the various specialties, nurses trained in public health work and technicians in laboratory and X-ray work. Patients too sick to visit these centers should be cared for in community hospitals, conveniently located and under the direction of the personnel of the health center. Contact should be maintained with convalescent patients and those only mildly sick through visiting nurses and younger physicians who are serving an apprenticeship before entering upon a specialty. A schedule of fees commensurate with the ability of the patient to pay should be maintained and a fair distribution of this compensation made among those serving the center.

Group clinics, organized by physicians and conducted as private enterprises. The fundamental object in every such organization must be better service to the sick. Co-operation is most essential in diagnostic work. Not only is proximity of offices desirable, but there must be congeniality, mutual respect and a high sense of responsibility on the part of each member of the group. There should be perfect freedom in referring patients to the various departments and frequent group conferences should be held on obscure and difficult cases.

The aids to diagnosis have become so numerous and complex that little or no profit can be expected to accrue from the diagnostic side of medicine. It is possible, however, to greatly reduce the cost of complete examinations by co-ordinated effort and to bring it within the reach of those of average incomes.

The third method by which complete and satisfactory medical and surgical service may be rendered is through a well organized hospital having a closed staff. If it is to serve all classes of patients and give them the benefit of group diagnosis, it must have a large endowment and a resident staff. Such institutions are possible only in our larger cities or connected with teaching institutions.

What shall be the role of the general surgeon in this new era of medicine which seems to be dawning? Is his field to become so restricted by the encroachments of the various specialists that he himself will be compelled to limit himself to

one organ or one group of organs? Is he to share equally with the internist the growing field of diagnosis or is he to degenerate into a repair man who will be called in to patch a blowout or remove a defective spark plug?

The field of diagnosis has heretofore been surrendered largely to the internist and the surgeon has been content to concentrate upon technique. There is no good reason why this should be so. The qualities of mind and the manual dexterity which distinguish the modern surgeon also qualify him for the work of a diagnostician. With a broad general training, his special knowledge of anatomy and his familiarity with living pathology, he should be ideally equipped to compete with the physician in the field of diagnosis. There should be no line of demarcation between surgical diagnosis and general diagnosis.

The physician and the general surgeon aided by the laboratory and other special diagnostic facilities, should work hand in hand maintaining a broad outlook upon the whole field of medicine and acting as balance wheels for the more restricted specialties.

Educating the People—"To give the people such a general knowledge of medicine that they will appreciate the importance of methods for the prevention of disease, will appreciate the advantages of early diagnosis and treatment of beginning maladies, and know something of the nature of the diseases with which they are or are likely to be afflicted, but particularly that they will be less credulous in accepting the claims of uneducated and untrained dabblers at the healing art, is an undertaking of no small magnitude. One naturally wonders how it is to be accomplished and who is to accomplish it. That the medical profession, the nursing profession, and the Public Health Service are now rather promiscuously engaged in the undertaking does not assure us that it will be accomplished by either or all of them.

When the family physician was in vogue, his people entrusted the care of their health and their lives to one in whom they had confidence, whose word they accepted without question, whose advice they followed without reservation. They had no desire for intimate knowledge of disease processes and saw no occasion to investigate the relative value of different methods of treatment. There are still a few of these people in the world. There were many others not thus attached; some with a little wisdom, more conceit and no confidence in anyone; some with no wisdom, no conceit and confidence in everyone; but all complaisant dupes to the ingenious tyro, smooth-tongued charlatan, and patent medicine venders. There are still many of these people in the world. Men in the medical profession bewail the credulity of the people in things medical, but of all the people in the world the most credulous in things not medical are the men in the medical profession."—(The Journal of the Kansas Medical Society, June, 1922.)

Resolution Directing a Survey of Pay Clinics and Group Practice—(Abstract from Minutes of the Seventy-Third Annual Session of the A. M. A.)

"(d) Your committee approves the recommendations of the Board of Trustees that a survey be made of existing pay clinics, diagnostic clinics and group practice, to be conducted jointly by the Judicial Council and the Council on Medical Education and Hospitals. We recommend that their reports and recommendations be submitted to the next annual meeting of the house."